

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse Side

Page 1 of 6 Pages

CLAIMANT'S NAME Herb Schultz			SSN or EMPLOYEE NUMBER*			DEPARTMENT Governor's Office		
POSITION Director, CA Recovery Task Force			CB/ID No.			DIVISION or BUREAU		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS State Capitol			INDEX NUMBER		
CITY			STATE			ZIP CODE		
			CITY Sacramento			STATE CA		
						ZIP CODE 95814		

(1) NORMAL WORK HOURS  
0800-1700

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR 02/10		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
										MILES	AMOUNT		
16	0630	Los Angeles					158.70	A			0.00		158.70
17		Los Angeles					158.70	A			0.00		158.70
17	1530						55.23	RC	95	15.00	0.00		70.23
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	372.63		15.00	0.00	0.00	387.63
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

381.63

387.63

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Accompanied Governor for an event on the 405 Freeway (Carpool Lane Project) highlighting the one-year anniversary of the Recovery Act.

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240946

(15)

I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by the vehicle safety and seat belt usage.

DATE

3-15-10

(16) SIGNATURE

DATE

DATE

3/15/10

(17) SPECIAL EXPENSE (See Item 17 on reverse)

TITLE (See Item 17 on reverse)